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CLINICS.

HOSPITAL NOTES AND CLEANINGS.

Excision of the Entire Tongue.—On Saturday, July 31, it being generally known that Mr. Syme was to perform, for the second time, excision of the tongue, a course of medical spectators was got together such as has, perhaps, been rarely before equalled. I had had an opportunity of seeing the patient a few days before. He was a moderately stout, pale-complexioned man, of about 50. The disease had commenced on the right side of the tongue near its tip, more than two years ago. He was a native of Northampton, and had been treated in the hospital of that town, where, in February last, the cancerous growth had been removed by ligature. After its removal it quickly returned, and the man then sought advice in London. He was

treated for a few weeks in Guy's Hospital, where caustics were applied; but, according to his own account, no hope was given of its removal. Having returned to Northampton, application was made to Mr. Syme to know whether he would be willing to attempt resection of the organ, and the man was subsequently sent to Edinburgh. Amongst the favourable circumstances in his case, to which Mr. Syme directed the attention of those present were, that although the disease had existed nearly three years, yet there was no perceptible enlargement of the glands, that the spreading of the ulcer had been slow, and that the man was still in fairly good health. The disease was so much advanced that there could be no doubt as to the diagnosis, or as to the inadequacy of any ordinary mode of operation for its complete removal. The extremity of the organ had been removed by

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previous operation, and an irregular ulcerated surface now presented itself, behind which was a mass of malignant induration, which involved almost the whole of its substance. It was to a considerable extent fixed to the floor of the mouth, and without free separation both below and laterally, it would have been quite impossible to have surrounded the diseased part by a ligature, or by the chain of an *écraseur*.

The Operation.—The man having been placed under the full influence of chloroform, Mr. Syme commenced by dividing the lower lip and chin in the median line, and having laid bare the symphysis of the jaw, next proceeded to cut through it with a narrow-bladed saw. The division of the bone was finally completed by a pair of large cutting forceps. The soft parts below and at the base of the tongue were next divided, the vessels being tied as cut; several vigorous spurts of blood took place, but the whole quantity lost was not large. The two halves of the jaw gaped very widely, and ample room for the manipulations appeared to be afforded. After the section of the jaw, Mr. Syme waited a while to allow of a fresh exhibition of chloroform, the man having partially recovered from its influence. The whole operation was conducted with the patient laid flat on his back, and at times the gurgling of blood in the throat was suggestive of alarm; the man, however, at this stage was not at all deeply insensible. The excision was a most complete one, including the whole of the organ, and all but laying bare the hyoid bone. The chasm left after the conclusion of the operation was very large. All bleeding was quickly arrested after the completion of the operation, and the man, when removed from the operating theatre, appeared in a very satisfactory condition. On examination of the part excised, a broad portion of healthy structure was seen to extend beyond the margin of the cancer in every direction.

Being at the Infirmary on the following Monday, I had the pleasure of learning that the man was doing well in every respect, but I have since heard with regret that he died on the Thursday.—*Med. Times and Gas.*

Removal of the Tongue for Cancer of that Organ with the Ecraseur.—The following short notes of a case, in which M. Ricord

removed at the Hôpital du Midi for lingual cancer the entire organ as far as that was possible with the *écraseur* alone, may be of some interest to our friends at home at a time when the attention of the medical public is directed to the propriety or impropriety of the entire removal of this organ for cancer by so great an authority as Professor Syme, who, having lost his two cases in precisely the same manner as M. Sedillot lost the first patient upon whom he had performed exactly the same operation some years ago, and who, failing with all his skill and boldness to obtain even a temporary success, comes forward like a courageous gentleman, and holds up his cases of failure as a beacon to the profession at large; and now openly avows his concurrence with the testimony of all experienced practitioners as to operative interference being decidedly unfavourable in these cases; the removal of the diseased part never affording permanent relief, and generally exciting instead of retarding the morbid process.

About the month of March of the present year, or at any rate at the time of the last fall of snow, M. Ricord had in his wards a patient with cancer of the tongue who had been variously treated by caustics, but was at that time in such a condition that his very existence was a misery. He was totally deprived of speech, and had completely lost the faculty of taste, excepting, as M. Ricord remarks, "*le goût de son propre fruit.*" In such a state of suffering was this poor fellow, that he allowed the rather unwilling operator no rest until he had performed his duty.

This was effected in the following manner: the tongue seized with the vulsellum, and drawn forcibly forwards, a strong curved trocar was passed from side to side (or, speaking of the tongue, from edge to edge), and as far back as possible; the chain of the *écraseur* was then passed behind the trocar, and the "*écrasement*" effected very slowly, one notch per minute; however, in spite of this extreme slowness of the crushing process, the operation was followed by some amount of hemorrhage; this, nevertheless, was arrested by cramming the mouth with snow-balls soaked in the perchloride of iron.

All went on well during the first fortnight, so that at the end of that time he had not only recovered the faculty of taste, so as to be able correctly to distinguish the

difference between cabbages and lentils, and like different dishes forming the fare more or less sapid and sumptuous of the hospital; but he had likewise become the orator of the ward, speaking French with sufficient ease and fluency, although he would probably have been somewhat puzzled to pronounce the pure linguals of the English language.

About this time he was exhibited to the assembled academy; and presenting in the submaxillary region some slight induration with glandular engorgement, M. Velpeau pronounced his opinion that this was evidence of a return of the affection. This opinion, however, was combated by M. Ricord upon the grounds that the glandular engorgement was more easily and hopefully explained by the supposition that it depended upon a retention of the salivary secretion, owing to the ducts having been included in the operation; he inclined to this opinion, inasmuch as the engorgement made its appearance very suddenly and equally on either side. The diagnosis of M. Ricord proved the correct one; the engorgement after having attained an enormous extent gradually subsided. But now arose another and unexpected accident; as cicatrization progressed the contracting cicatrix laid a tax upon all the surrounding parts; what little was left of the tongue, previously mobile, and capable of modulating the vocal element, was so drawn upon and forwards that it became by degrees immobile, again depriving the patient of vocalization. But this was not all; the still contracting cicatrix now began to affect more distant parts; deglutition, from less and less facile, became more and more difficult, until we fear that inanition might have subsequently become a serious, and even fatal, complication, had not the case been suddenly cut short by a latent attack of pneumonia at the commencement of the past month. The pneumonia was not suspected, owing to the absence of expectoration and other outward and visible signs. This may be excused, owing to the fact that all attention was directed to the obviation of the imminent ultimate result of the interference with the function of deglutition.

The necroscopy discovered no evidence of cancerous return; the salivary glands, pharynx, and œsophagus, were perfectly normal; the mucous membrane of the larynx slightly indurated, this organ otherwise

healthy; the lungs a perfect specimen of red hepatization; other organs normal.

From the above case we should not decide formally with Mr. Syme in his veto against the future performance of this operation, but we would reiterate the opinion and views of your Scottish Tourist. For the future we should dispense with the indispensable ligature left in order to prevent the patient from swallowing and strangling himself with the remainder of his tongue, and we should in searching for the cause of this constant pneumonia seek to obviate the accidents so imminent in this case.

On the other hand, we have other cases of a more happy termination. The other day (August 9), for example, we saw a case in which more than two-thirds of the tongue had been removed by the *écraseur* two years previously; the patient presented a specimen of even ruddy health, although the tumour removed by M. Chassaignac was reported as cancerous.

We have seen M. Maisonneuve remove the entire tongue, after having previously divided the lower jaw at its symphysis, by means of a chain-saw, and completing the operation either by means of scissors or the *écraseur*. He looks upon hemorrhage as quite a secondary consideration. The presentation of patients having undergone the entire removal of the tongue before *l'Académie de Médecine* is a sufficient guarantee that the operation is not in itself necessarily fatal. And also from our own observation we can assert that in the cases of M. Maisonneuve, the operations seen by us were, we may say, well supported, although we have now lost sight of the patients, and have no note of the ultimate results. We have noticed considerable difficulty in keeping the divided surfaces of the jaw in direct apposition; and in order to obviate this inconvenience M. Sedillot suggests that the maxilla be divided by two oblique lines meeting in the centre, so that one end fitting into the other they may be of mutual support.—*Med. Times and Gaz.*, Sept. 4, 1858.

Excision of Tonsils.—Mr. Syme expressed, at the Edinburgh Royal Infirmary, a strong opinion as to the desirability of abscising the tonsils when their enlargement is considerable and of long standing. Two cases came under notice on Thursday, July 29th, in one of which both tonsils required diminution, and in the other only one.

Both patients were children. The instruments employed were a probe-pointed curved bistoury and a common vulsellum, by which the gland was first seized and dragged forward. Adverting to the importance of excising a large portion, Mr. Syme stated that he did not think this could be nearly so well accomplished by the guillotine as by the knife, and said that he considered the latter much the safer instrument. A large majority of our London surgeons who practice this operation also prefer the less complex instruments. To the original forms of the guillotine there is, doubtless, the objection that they do not provide any means for lifting the tonsil well into their blades. A more perfect instrument has, however, long been made, which has a sort of lever fork, which serves this purpose admirably. I cannot but think that by its aid the surgeon acquires a considerable advantage in respect to his being independent of his patient. Now and then, a child will get unruly or lose self-control on feeling the knife, and then the completion of the operation by the bistoury and vulsellum plan is by no means easy.—*Med. Times and Gaz.*, Aug. 14, 1858.

External Division of Urethral Strictures.

—I was very desirous to ascertain in what estimation the several operative procedures with which Mr. Syme's name is so closely connected, more especially the amputation at the ankle-joint and perineal section of strictures, are held by his colleagues and other Edinburgh surgeons. Bearing in mind the extent to which the jealousy of rivals influences their opinions, we may be tolerably certain that the reputation of a surgical novelty will not rise beyond its deserts in the locality of its birth, and during the life of its proposer. At a distance, and amongst those whose only facts are supplied by the published statements of the originator or his friends, a very different result may be arrived at. I shall advert directly to the ankle-joint operation, and will now make a few remarks on urethrotomy. The opinions which I heard respecting this procedure were various, but mostly favourable. The senior surgeon of the Infirmary, Mr. Spence, showed me several cases in his wards in which he had had recourse to it, and spoke highly as to its general merits. Mr. Syme, over and over again in the course of clinical remarks, took

occasion to avow his adherence to the old creed, that "dilatation is the proper treatment for strictures," and to urge that the knife should be resorted to only when for one or other reason the bougie is inadmissible or unavailing. I was disappointed in not having an opportunity of seeing Mr. Syme perform the operation, being the more desirous to have done so, as he attaches much importance to making the section from behind forwards, whilst the usual London practice is to cut backwards, as in lithotomy. There can be no doubt but that the risk of cutting the deep perineal fascia is much greater by the latter method. Whether or not the preservation of its integrity is practically of much importance may, however, be open to some doubt. Two or three cases were brought before the class in which the operation had been performed a few weeks or months ago. In these, large instruments were introduced to demonstrate the patency of the canal. The professor stated that experience had taught him to be far more particular about the subsequent use of bougies than he had originally been. If they are disused, the stricture is very liable to relapse; and the patient should have this fact strongly impressed upon him, in order that he may not be led by the apparent completeness of the cure to entertain feelings of careless security. As to the danger indicated by the collapse, rigors, etc., which not unfrequently follow the operation, Mr. Syme also stated that he had been obliged to modify his estimate since the publication of his work. Although still holding them to be by far more alarming in appearance than in reality, yet the occurrence of fatal consequences in one or two instances had forced him to the conclusion that they were not always to be disregarded. He had noticed, he said, that cases in which perineal fistulae had previously existed were very rarely followed by these symptoms, and, acting upon this observation, had adopted the practice of endeavouring to always keep the wound open. It was surprising how rapidly union often took place between the cut edges of the urethra. At first he had contented himself with simply tearing these adhesions away with the finger-nail, so as to freely expose the catheter; but latterly he had preferred to introduce a curved silver catheter into the bladder by the wound. It might be thought that, if this latter plan

were adopted, there would be some risk that the divided stricture might not remain open, inasmuch as it would have no part of the instrument within it. To prevent such result, Mr. Syme has contrived a straight silver tube, through the open extremity of which passes a wire noose. This is passed through the penis, and in the perineal wound the wire loop is put over the other instrument. The two are thus connected, and the patency of the whole urethra is established. The professor stated, however, that he thought the fears of closure of the stricture were to a great extent groundless, and said that he intended in future to trust to the catheter passed from the perineal wound.

In the course of his clinical address, Mr. Syme mentioned the particulars of three fatal cases which had occurred in his practice. In none of these did any perineal fistule exist. It would seem, therefore, that the cases which most imperatively demand this mode of relief are the very ones in which the least risk of ill consequences is encountered.—*Ibid.*

Peculiar Condition of Hip-Joint Disease.

—An instructive case of excision of the head of the femur, in diseased hip-joint, occurred a few months ago under Mr. BOWMAN's care in King's College Hospital. The chief point of interest was, that on exposing the parts no disease could at first be found, and some embarrassment was caused. The head of the bone rotated freely in its socket, and without any perceptible grating, while the finger could be passed round it without discovering any carious surface. The symptoms had, however, been so well marked, that but little doubt as to the diagnosis could be entertained, and Mr. Bowman accordingly continued the examination, until at length, an opening into the capsular ligament was found. On enlarging this, and turning out the head of the bone, the latter was found wholly denuded of cartilage, but so protected by soft granulations, that no grating had been perceived. The diseased part was sawn away, and the girl, subsequently, made an excellent recovery.

We notice this case, because it has occurred to us on two previous occasions, to see much embarrassment caused by finding a precisely similar state of things after cutting through the soft parts. They are cases in which the opening in the capsular liga-

ment is very minute, and in which that structure has, in an unusual degree, retained its integrity. In one, the surgeon so far doubted his original diagnosis, as to desist from the operation, fearing, that if he went on with it he should have the annoyance of opening a healthy joint. No opportunity occurred for dissection of the parts, but there is every reason to believe that the head of the bone, as in Mr. Bowman's case, was extensively diseased.—*Med. Times and Gaz.*, Sept. 4, 1858.

Excision of Two Knee-joints.—As the operation of excision of the knee-joint has, to some extent, replaced amputation of the thigh, we have not thought it necessary to report all the cases in which this operation is now performed. At King's College Hospital it is stated that amputation has become a rare proceeding, excision of the joints being preferred to removal of the limbs. On the 14th instant, we saw two knees and one hip-joint excised by Mr. Fergusson. The first of the knee cases was the right joint of a young man who had suffered from disease of this articulation for the last four or five years. The symptoms were not very acute in the earlier stages; but within the last twelve months the pain had been extreme, and the sufferings of the patient were so severe that he was induced to seek relief. It did not appear to Mr. Fergusson at first to be an urgent case, but subsequently the pain in the joint increased, and considerable effusion took place into the articulation, which indicated severe inflammation. Acute oedema of the leg also occurred. A few days before the operation, he had made a puncture into the joint without any good effect. Excision was, therefore, resorted to, and a slice of the tibia and condyles of the femur removed. The patella was at the same time taken away. The disease was found to be even greater than there was any external indication of, but was limited to the surfaces of the femur and tibia, slightly affecting the patella; in all probability, it had at first commenced in the synovial membrane, and thence spread to the cartilages. In these cases, Mr. Fergusson now considers it best to take away the patella, as he does not believe that the retention of that bone adds strength to the joint, and the cure in many cases has, perhaps, been more protracted from its having been left, as was particular-

ly illustrated in a case lately under our observation, in which, when that bone was subsequently removed, the cure became very rapid. The limb was carefully adjusted in a splint before removal of the patient to the wards, the flaps of the wound having been first brought together by means of silver-wire sutures.

The second case was that of a little boy, whose knee-joint was much enlarged, associated with disease of the synovial membrane and articular cartilages, which had existed uninterruptedly since his birth, having undergone various methods of treatment with no good result. A modification of the usual operation was adopted in this case, the diseased surfaces of the joint, together with the affected patella, being removed through the opening formed by a single line of incision right across the joint, thus avoiding an H incision, as in the first case. Rather more of the femur was taken away in this instance. There were the remains of an abscess in the upper part of the tibia, which had pointed into the calf of the leg. Silver-wire sutures were also applied in this case to bring the lips of the wound together, and the limb was placed upon a splint.

On inquiry, we learn that both cases are going on favourably.

Excision of the Elbow.—One of the most typical cases of disease of the elbow for the judicious employment of resection presented itself to notice lately at Guy's Hospital. The left elbow of a lad between sixteen and seventeen years of age had become swollen by the infiltration of the tissues with that gelatinous substance so commonly met with in certain diseased joints, causing it to resemble in shape a small leg of mutton. This appearance is, however, more indicative of strumous disease. The disease here had commenced about eighteen months ago, and had involved the cartilages and synovial membrane, extending in two or three places to the osseous structures, especially in one part of the shaft of the ulna, which was found to contain, during the performance of resection by Mr. Birkett, on the 17th of August, a small cavity filled with strumous deposit. There were three openings in the vicinity of the joint—one above, one to the inner side, and one to the outer side, the last being upwards of an inch in diameter. Excision was performed by means of a

single longitudinal incision, which is now found very much to facilitate the process of healing. The quantity of plastic matter around the joint was very great, extending even within the articulation. Mr. Birkett removed the ends of all the affected bones, taking away a second piece of the ulna, and the flaps were well brought together by means of strips of wet lint. Not a vessel required ligature, and we learn that up to the present moment the lad is doing well.

Of all the joints, the elbow is, perhaps, the most frequently submitted to resection, and, as a rule, is followed by success, which is very gratifying to the surgeon. Good motion is usually obtained if a sufficiency of the joint is taken away.

Congenital Vesical Calculus.—We have often heard the question asked, is stone in the bladder ever found as a congenital affection? This has particularly occurred when a very young child, under three years of age, who has had irritability of the bladder and other symptoms more or less indicative of stone from, we may say, the hour of its birth. The records of surgery, however, scarcely refer to the subject; and very few examples indeed, if any, of congenital calculus have been placed upon record. The urine of infants has occasionally been observed copiously abnormal with actual deposits of uric acid, partaking sometimes of the character of gravel, which would lead to the conclusion that a stone may form before birth. Mr. Coulson remarks, in his work *On Diseases of the Bladder*: "It is certain that uric acid gravel is very frequent in children under some circumstances; and it is known that calculi have been found in the bladder even at the time of birth." He, however, does not mention any specific instances in any of his writings. But that stone is found to exist in the bladder of the newly-born infant, *ceteris paribus*, we think few will be inclined to deny at the present day, although there are so few published instances.

At Guy's Hospital, on the 10th instant, Mr. Cooper Foster cut two children for stone in the bladder; one of these was a little boy, two years and a half old, from whose bladder he removed a small, flat calculus, the size of a French bean; the other was a male child, four years and a half old, with distinct symptoms of calculus, clearly traceable to the period of his birth.

The stone removed from the latter was pretty large, being fully the size of a pigeon's egg, and no doubt had taken a long time to form. From what was stated by Mr. Foster, we are disposed to believe with him that a small stone was present in this child's bladder at birth, and this accounted for the irritability of the bladder and acid urine at that time, which has continued uninterrupted to the present time.

At the Royal Infirmary for Sick Children, during the last year, Mr. Foster performed lithotomy on seven young children; in one of these, a child five years old, he could distinctly trace the symptoms of stone from birth, and he believes it quite probable that the stone may have existed before birth, as in the child four years and a half old just operated upon.

As relating to this subject, we may here refer to an example of infarction of the tubuli uriniferi of the kidney of an infant with uric acid salts, which was exhibited before the Medical Society of London in October, 1856 (*The Lancet*, vol. ii. 1856, p. 434), by Dr. Willshire. The kidney was taken from a child who died *in partu*, after having breathed. If renal infarction would thus commence before the child's separation from the mother, even although it had breathed, there is no reason against its occurrence before birth, although it was not observed in 113 dead-born children, as mentioned by Dr. Willshire.—*Lancet*, Aug. 28.

Accidental Depression of the Lens, and Subsequent Amaurosis.—Mr. DIXON the other day removed an eye at the Ophthalmic Hospital, the condition and history of which were exceedingly interesting. The patient, a man of forty, had come under care on account of muscæ and failing vision in the right eye, and stated that for twelve years back he had been quite blind of the left. On looking carefully into the left, Mr. Dixon found that the lens had been depressed, and was visible below the pupil. On inquiry, it turned out that the man had received a blow on the eye twelve years ago, prior to which his sight had been good, and within a few weeks of which it had been wholly lost. As the fellow eye was evidently suffering, extirpation of the amaurotic globe was advised. It was performed in the usual manner, and the soft parts quickly healed. On dissection, the lens, in its cap-

sule, was found lying on the retina, just behind the ciliary processes, and attached by some thin films of membrane both anteriorly and behind. The vitreous was as fluid as water. The retina was not detached, but had almost wholly lost its normal structure. Mr. Dixon remarked on the case, that it was of much interest, as showing the injurious influence of a depressed lens upon the delicate structures on which it is made to rest. In many cases of artificial depression, as formerly adopted, the object of the operator, he observed, was, fortunately, not wholly achieved, and the lens being displaced from its capsule, underwent more or less of subsequent absorption. In this instance, however, its capsule had retained its integrity, and had prevented any absorption of the lenticular substance.

—*Med. Times and Gaz.*, Sept. 4, 1858.

Total Absence of the Iris consistent with Excellent Sight.—A woman, aged 37, has been attending, under Mr. DIXON'S care, at the Ophthalmic Hospital for some time past, in whom both irides appear to be wholly wanting (irideremia). The reason for her now seeking advice is that for several years past her sight has been failing from increasing opacity of the lens, and more latterly from chronic keratitis also. The fact of most interest in her case is, however, that, prior to these changes, her sight, contrary to what might have been expected, was perfectly good. She states that she went to school and learnt to read easily, being able to read the smallest print as well as others could. Even sun-light never annoyed her materially. After leaving school, she was able to fulfil all the duties of a domestic servant, and did so for many years. Fourteen years ago, her sight failing so much that she could not do needle-work, she left her place, and has since, until within a few months, gained her livelihood as a charwoman. She is a delicate-looking woman, and says that she has never enjoyed good health. The eyes are small, and she has a habit of keeping nearly the upper half of the cornea always covered by the lid. At present, a diffused opacity of each cornea makes examination by the unassisted eye difficult. There is a white speck on the centre of each lens, and such a peculiar blue-black does the iridal area present that it might easily be fancied that this speck represented the obliterated pupil, and that

a thinned-out and adherent iris were really present. The ophthalmoscope, however, clears up all doubt. It is by its aid at once seen that not a trace of iris exists, as the whole circumference of the cornea is vividly lit up. Streaks of opacity are seen in the lens, and its condition, combined with that of the cornea, are sufficient to prevent the optic entrance and other structures in the fundus of the globe from being clearly seen. Mr. Dixon remarked upon this case that it seemed to explain why examples of iridemia are so extremely rare in adults, while they are not unfrequently noticed in children. It would appear that the sight is such that no occasion for seeking advice exists. In this instance, the woman would never have applied had it not been for the advancing disease in her lens and cornea. The rationale of the connection between the existence of the white speck on each lens and the absence of the iris it is not easy to give. Both are, no doubt, congenital abnormalities.—*Ibid.*

Present Prevalence of Severe Forms of Ophthalmia.—Mr. DIXON remarked to his class the other day, at the Ophthalmic Hospital, that he thought he had never before observed so great a prevalence of severe forms of ulceration of the cornea, etc., as during the last five or six months. Cases which, at the first visit had appeared but slight, had, on several occasions, assumed within a few days a most threatening character, and that too in adults not very apparently in bad health. It seemed as though great feebleness of power had marked the outbreaks of disease. In not a few cases perforation of the cornea had taken place with great rapidity, and under circumstances which had not at first excited apprehension. Many cases of pustular ophthalmia had also been unusually severe. Mr. Dixon said his observation on this point applied equally to private and hospital practice; and we believe that the recent experience of other ophthalmic surgeons is fully corroborative of it.—*Med. Times and Gaz.*, July 10, 1858.

CLINICAL LECTURE.

Clinical Lecture on Treatment of Obstructed Strictures of the Urethra by External Incision.—Delivered before the members

of the British Association. By JAMES SYME, Esq., Prof. Clin. Surg. in Univ. Edinburgh.

The next point to which I wish to direct your attention is the remedy of obstinate strictures by external incision. There can be no doubt that dilatation, when practicable, is the best means of treating strictures; but there are cases which, from their extreme tightness, render the process very tedious and difficult; others that are so irritable as to prevent the introduction of instruments; and a third sort have such a tendency to contraction that no permanent advantage can be obtained in this way.

I saw to-day a case which afforded a good example of dilatation being insufficient to afford relief. A gentleman from Devonshire applied to me, six years ago, under the following circumstances: After spending twenty years in the military service of the East India Company, he had gone to London, suffering from a stricture of long standing, and placed himself under the care of a late eminent surgeon, who tried dilatation in vain, and declared that he might with an equal prospect of success attempt to pass bougies through a deal board. The patient then inquiring what was to be his probable fate, received for reply that, with care, he might be able to struggle on for five or six years; and upon expressing some disappointment that at the age of forty his prospect of life should be so brief and unsatisfactory, was told that he ought to consider himself fortunate, as many men did not live so long. Curiously enough, the patient did go on for six years, without further interference, but then found his existence so miserable, from frequent attacks of fever and retention of urine, that he resolved on applying to me.

I found a very tight stricture, but passed a bougie through it and completed the dilatation to its full extent without any interruption or the slightest disturbance, either local or constitutional. Colonel — then went home, and remained well for a considerable period. He then began gradually to suffer from a return of the disease, and last year came back to me with the contraction no less tight than it had been originally. I again completed the dilating process, although not so readily or so free from feverish attacks as upon the former occasion, and was not much surprised to learn that very soon after going home, he had again suffered from recurrence of the

symptoms. He then happened to have business in London, and there applied to a practitioner who at present happens to occupy a prominent position. This person repeatedly tried in vain to pass instruments, and the patient therefore saw no prospect of relief except from another journey to Edinburgh. Now what was I to do in these circumstances? No doubt I could have dilated the passage again, but how long could the benefit so afforded be expected to last? and was it possible that this gentleman should every six weeks or two months perform a journey from Devonshire to Edinburgh. I felt it my duty to divide the stricture by external incision, and although a bougie has been introduced only once during the twelve months that have elapsed since he went home, I have to-day passed an instrument of moderate size into the bladder without any difficulty.

I may now show you another patient, whose case not only affords a good illustration of the advantage attending division, but is also of great interest in regard to the pathology of fistula in perineo. This man had suffered for many years from stricture, and managed to maintain evacuation of his urine by passing a bougie, but at length, labouring under complete retention, was admitted into the hospital, where we found that an abscess had formed in the perineum. I opened this abscess in the presence of my clinical pupils, and pointed out to them that the contents were entirely purulent, which they would not have been if the usual explanation were correct—that such collections result from infiltration of urine through ulceration of the urethra; at the same time explaining, as I have long been accustomed to do, that the stricture acts merely as a source of irritation; that the abscess in the first instance has no communication with the urethra; and that the fistula or passage for the urine is of secondary formation, through giving way of the septum between the abscess and urinary passage. Accordingly in this case more than three weeks elapsed before the urine escaped by the fistulous opening, which we then endeavoured to close by dilating the stricture; but although instruments of the full size were passed regularly every three or four days during seven weeks, no improvement could be perceived. I then resolved to divide the stricture, and you now see that while the perineum is perfectly sound, an

instrument of the largest size can be passed without encountering any obstruction in the urethra.

The object which I have chiefly in view at present is to explain a source of danger attending the operation that did not originally occur to me, and of which indeed I only lately became fully aware. In performing an operation upon the living body, we are not in the condition of a blacksmith or carpenter, who understands precisely the qualities of the materials upon which he works, and can depend on their being always the same. The varieties of human constitution must always expose our proceedings to a degree of uncertainty, and render even the slightest liberties possibly productive of the most serious consequences; so that the extraction of a tooth, the opening of a vein, or the removal of a small tumour, has been known to prove fatal. Then it must be admitted that the most experienced, careful, and skilful operator may commit mistakes; and I am sure that there is no one of the gentlemen present who can look back on his practice and say he has never been guilty of an error. But, in estimating the value of any surgical procedure, we must beware of confounding the effect properly belonging to it with those that result from faults on the part of either the patient or the surgeon. Cases of the latter kind can never promote the improvement of our profession, or serve any higher object than supplying food for the morbid craving of ignorance and malevolence. It is therefore to the former that I wish to direct your attention.

In originally proposing the operation, I proceeded under the impression that the only sources of danger were hemorrhage and extravasation of urine, and that if the incision were made in the middle line, there could be no possibility of injuring an arterial branch, while the introduction of a catheter would insure a safe exit for the urine. The procedure might thus be deemed absolutely safe. I have accordingly never seen extravasation beyond a little infiltration of the scrotum; and as to the hemorrhage, I seldom find it amount to more than one or two teaspoonfuls at the time of the operation. In young, plethoric patients, there is sometimes, in the course of some hours afterwards, a farther flow, even to the extent of several ounces, from the corpus spongiosum, but this may be arrested by the slightest

pressure of lint introduced between the edges of the wound. The only serious case of hemorrhage I ever met with was in the case of a gentleman of about sixty years of age, from the west of England. About a week after the operation, when all seemed right, he began to bleed from the urethra. I then reintroduced the catheter with good effect for a few days, when the hemorrhage returned, and proved so serious that I opened the wound, and tied an arterial branch, with the effect of finally putting a stop to the bleeding, and the patient is now in good health. What this vessel was, or where it came from I do not know, but I am quite sure that it had no business there, in accordance with the ordinary structure.

I advanced to between eighty and ninety cases without a single fatal result, and to show the value of statistics, may remark, that if I had stopped here it would have been perfectly legitimate for me to maintain that the procedure was entirely free from risk. It is true that alarming symptoms were by no means rare, since every third or fourth patient suffered from rigors, vomiting, delirium, or suppression of urine, but as they passed off in the course of twelve or twenty-four hours, I had come to regard them as rather curious than alarming, and as merely the result of some harmless commotion of the nervous system. At length a very distressing case gave me a different view of the subject. The patient suffered nothing from the operation; had the catheter taken out on the second day; was quite well on the third, and on the fourth was lying dressed upon a sofa in the best of spirits. In the afternoon of that day, during the act of micturition, he felt an acute pain in the perineum, and in walking from one room to another, fell on the passage so as to graze his forehead and the outer side of his knee; at the same time he had a violent rigor, followed by quick pulse and great pain in the injured parts. As the urine passed freely and entirely by the urethra, I expected that these symptoms would soon subside, but they continued, and went on to supuration of the knee, with destruction of the eyeball, and terminated fatally at the end of several weeks. I felt quite unable to account for this case until the following one gave me additional light on the subject: The patient suffered nothing from the operation, which was of the simplest kind, and as he did not complain at all of the catheter, was allowed

to retain it three days. When it was then removed, he expressed perfect comfort, and afterwards wrote to his friends at home the most satisfactory accounts of his progress. At three o'clock of the afternoon he passed urine, and felt some pain in doing so, which was attended with a slight discharge of blood. Immediately afterwards he had a violent rigor, followed by delirium and insensibility. There was no pulse, no secretion of urine, and he died the next day. On examination there was not the slightest trace of urinary extravasation, or any other sign of local mischief; but the kidneys were gorged with blood to an extreme degree; and it was plain that death had resulted from a sudden shock to the nervous system.

In endeavouring to account for this effect, I recollected that the symptoms of disturbance were always connected with micturition after withdrawal of the catheter; and I also recollected that in all my practice, private as well as public, I had never, even in a single instance, encountered any bad effect of the kind in question, when there was a fistula in perineo. It, therefore, occurred to me, that the cause of disorder must proceed from the action of urine upon a raw surface, produced by tearing of the imperfectly united wound in the urethra. Under this impression, I thought that safety might be insured by preventing the wound from healing through frequently introducing the finger, so as to touch the catheter, and treated a number of cases on this principle with perfect success. But the tendency to union between the cut edges of the urethra is so strong that I sometimes found it necessary to use a little force in exposing the instrument; and upon two occasions of my doing so, the same deadly symptoms supervened that it was my object to prevent. I therefore resolved to obviate the danger more effectually by introducing a short catheter by the wound in the perineum, and my principal object at present is to recommend this plan for your adoption. The instrument you see is about nine inches in length, slightly curved in opposite directions at its extremities, and having a couple of rings just behind the anterior bend for securing it in its place. In addition to the great advantage of affording perfect security, this catheter is much less irksome to the patient than the one hitherto in use, and cannot, like it, produce any bad effect by pressing upon the coats of a contracted bladder. It may

be supposed that from not distending the urethra at the seat of stricture there may be inconvenience from contraction; and to obviate this, I used in some cases this flexible bougie, having a loop of thread at its extremity, which being protruded from the wound, allowed the catheter to slip through it, and so distend the canal. But this complication, I am inclined to think, is quite unnecessary, as the absence of it has not led to any practical inconvenience.

It has been frequently and very incorrectly said that I maintain the possibility of passing instruments at the first attempt in every case of stricture. I never did so, although it is true that during thirty years' practice I have never found it necessary, either in public or in private, to puncture the bladder on account of retention of urine from stricture; but in many cases I have required repeated and careful trials before being able to pass a bougie through the contracted part, my maxim always being, that if the urine gets out, an instrument, through time, care, and patience, may be got in. If, indeed, the canal has become obliterated by the effect of external injury, the state of things is different, and then the ordinary procedure is no longer applicable. I communicated to the Medical and Chirurgical Society of London a mode of overcoming this difficulty, which seems much more eligible than the old plan of cutting on the point of an instrument at the seat of obstruction. It was to pass a curved director, with its groove upon the concave side, through the fistulous opening into the bladder, which may always be very easily done, and then to push down upon it the instrument employed for guiding the incision in dividing strictures, so that the narrow portion of it is forced through the obstructing texture exactly in the proper course of the urethra, and thus conducts the knife with certainty in the proper direction. I had lately an opportunity of learning that one of the two cases mentioned in that communication remains perfectly sound and well. The young man now before you affords another example of this plan proving successful. He came from Halifax, in Yorkshire, on account of a fistula in perineo, through which every drop of his urine had passed for five months, since the receipt of an injury by falling astride on a beam of wood. On examination, I found the urethra completely obstructed, and therefore performed the operation just de-

scribed, with the effect, in six weeks' time, of restoring him to his present state of comfort. He now passes his urine in a full stream entirely by the urethra, and is going home with the prospect, I trust, of enjoying good health.

In connection with this subject, I may notice a curious case that was lately sent to me by a gentleman now present, Dr. Roberts, of St. Asaph. The patient was a gentleman of about thirty-seven years of age, who had suffered long and severely from stricture, with fistula in perineo. In passing a small metallic bougie, I felt a hard substance behind the contraction, and, from my recollection of a similar case, at once recognized it as a piece of bone. Without delay, the stricture was divided, and these four small bodies removed. The largest has the size and form of a pea, the others being smaller and of an irregular figure. The largest one distinctly shows the osseous characters, but the smaller ones require a microscope for their detection. Urinary concretions are frequently met with behind a stricture, but exfoliations are hardly to be looked for in this situation, and can be accounted for on the present occasion only by the patient having in childhood suffered from disease of the pelvic bones.—*Lancet*, Aug. 21, 1858.

SANITARY SCIENCE AND HYGIENE.

State of the Public Health in Great Britain. Public Hygiene.—It is impossible to exaggerate the importance of the following remarks from the last quarterly return of the Registrar-General:—

107,193 persons died in the three months of April, May, and June; the deaths were at the rate of 1178 daily.

The mortality rate prevailing was 2.206 per cent. or 22.06 in 1000. This is slightly below the average rate, 22.25, of the ten preceding spring quarters.

The average death rate of the sixty-three least unhealthy districts is 17 in 1000; and the mortality of England, corrected for age, should be 16½, but the actual rate in the quarter was 6 in excess of this rate. The 27,355 deaths in excess are principally deaths from various kinds of poisons, and are therefore properly designated Unnatural Deaths.

Upon dividing the population into two portions, (1) the 8,247,017 people living in rather close proximity to each other, and (2) the 9,680,592 living much further apart, the result, as shown in the annexed Table is, that the mortality in the dense districts was at the rate of 24.73—nearly 25 in 1000; while in the other districts over which small towns and villages are distributed, the mortality was at the rate of 19.68, nearly 20 in 1000 of the population.

In the town districts the rate of mortality was 8, in the rest of the country 3, in 1000 above the rate which actually rules in comparatively healthy districts. Of the 27,355 unnatural deaths, 18,668 took place in the large town districts, 8,687 in other places.

Now in England and Wales the town population is increasing much faster than the population of the rest of the country, and the question is therefore becoming every day graver: How is the health of the nation to be sustained in the midst of the new dangers which millions of its people are encountering?

In the last spring quarter, while the mortality of the country districts decreased, the mortality of the town districts rose to 24.73, the average of the preceding ten years having been 23.94 in 1000. This was probably due partly to the reduced earnings in the towns, to the scarcity of potatoes, and to the intense heat, which accelerated the putrefaction of organic refuse in the houses, streets, ditches, and rivers.

Is the actual mortality of cities inevitable? The Turks reply in the affirmative. Many of the cities in Europe in which the death rate ranges from 30 to 40, acquiesce quietly in their fate; and in England, where we have adopted another course, it has been, not without some show of reason, asserted that the unnatural deaths in towns are the penalties of civilization. But what is civilization? If it consist simply in the aggregation of families on limited areas, without arrangements to meet the exigencies of their new position, it will ever have heavy penalties to pay. Uncleanliness is, however, not a consequence of civilization; it is a relic of barbarism. The people of districts living in England wide apart experience generally a low mortality, and the mortality increases in proportion as their dwellings are brought into closer proximity. People remaining the same, and indulging in the same habits, collected from their scattered

habitations into a camp, and kept in that camp for some months, suffer from diseases, and are ultimately decimated by epidemics. Our towns were no better than uncleaned camps in the middle ages: and London in the seventeenth century lost 50 in 1000, or, including the plague years, 80 in 1000 of its inhabitants annually. The black death, sweating sickness, and plague followed each other in succession. The mortality of London was reduced to the rate of 29 in 1000 at the beginning of this century; civilization advanced, and in the fifteen years 1840-54, the rate further fell to 25,¹ still remaining 10 in 1000 above the calculated healthy rate for London. As Athens in ancient story had to send seven of its youth, chosen by lot, to be devoured, so London has hitherto given up *ten* of every thousand of her inhabitants yearly to disease and untimely death. All the towns of the kingdom in the aggregate gave up proportionally this number of victims in the last three months. They were not destroyed openly. The poison by which they died was not purchased in chemists' shops. It was administered in the silence of the night, and in the streets at noonday, either with the air they breathed, or with the water they drank.

The poison is generated by the decomposition of effete organic matter, which gives off diffusible and dangerous products, wherever it is left beyond a day in the houses, streets, and neighbouring ditches or streams, instead of being lodged in the disinfecting earth.

It can easily be shown that the mortality bears a certain proportion to the quantity of the poison which the people inhale; and that the quantity is greatest under the cess-pool system, which formerly prevailed in London, and is now in use in the French, German, and Italian towns. The mortality has gradually fallen in London as the cess-pools have been abolished; it is still high in foreign cities where the cesspools are in use. In Manchester, where the dirt is allowed to decay behind the houses, and is

¹ See McCulloch's Statistics of the British Empire, vol. II. p. 613.

² The people in early and middle life are so numerous in London, owing to the excess of births and immigration, that the mortality should be 15 in 1000 to be at the several ages, at the same rate as it is in the healthy districts, where the mean lifetime is 49 years. The corrected rate of mortality is 20 in 1000, and the actual uncorrected rate in these districts is 17 in 1000.

not thrown into sewers, the mortality was at the rate of 33, in the years 1841-50; in the foreign cesspooled cities the mortality ranges from 30 to 44 in 1000.

Of 1000 people in London, *ten* died unnatural deaths annually; and to make the view of the facts clear, let it be assumed for a moment that into the causes of *four* deaths no inquiry is now made, that *three* are killed by the poisonous emanations from cesspools, closets, and sinks in dwelling-houses, offices, and workshops, that *two* die of diseases induced by the emanations from dirty streets or gullies, and *one* from the vapours arising from the Thames. Here evidently a great step is gained by the water system superseding the cesspool, as the noxious matter is projected into the sewers under the streets, and is partially oxidized. If the cesspools, therefore, are everywhere abolished, and the house is purified, the mortality, on the above hypothesis, will be reduced to the extent of 3; while if the corrupt sewer air in the sewers be carried above the chimneys beyond the reach of the lungs, *two* more lives will be saved; and if the water and banks of the Thames are no longer the final repositories of the town guano, *one* more life will be saved. These numbers are adopted, not as expressing exact results, but to fix attention on the fact that the impurities of London are the main causes of its insalubrity; and that in their fatal effects they may be classed in this order: (1), impurities of dwellings; (2), impurities of streets and gullies; (3), impurities of the Thames.

The progress of sanitary measures in London has hitherto resulted in the removal of the impurities from the dwelling-houses into the sewers and the Thames, and this enables us to understand how the mortality had declined as the Thames has grown fouler. It also enables us to understand how the mortality of London is lower than the mortality of many other cities.

The wise policy of substituting streams of water for cesspools is fully confirmed; and experience has shown that the town guano is less hurtful in the sewers and in the rivers than in the dwellings of the people. It is only when the supply of towns is drawn from the rivers saturated with foul organic matter that the people are poisoned in great numbers by water. The vapours of the Thames, noxious as everybody possessed of common sense has now learnt to consider

them, are less heavily laden with poisonous exhalations than the vapours of cesspools and sewers. The practice of laying on water, and of abolishing cesspools should therefore be actively continued. At the same time steps should be taken to destroy or to deliver the exhalations of the sewers into the higher stratum of the atmosphere, where they would be partly destroyed, and would not be breathed, as they are now, undiluted. The Thames itself must be purified. Our present imperfect system of sewers admits of readjustment; but the country can never rest satisfied until the water which is distributed through its dwellings carries away all the town guano to fertilize the land, from which its materials were derived. Any other solution of the sewage question is provisional.

Exact observation for twenty years in every district of England and Wales places the question fairly before the country. Impure air is destroying the health of the people. The atmosphere in which they live can be purified by restoring the town guano to the fields. This involves a large immediate outlay; but the expense is not beyond the means of England. It will not exhaust the resources of a nation which freely devoted eighty millions sterling to resist the encroachments of Russia on the Turkish empire; which maintains a squadron on the coast of Africa in the hope of diminishing the slave trade; which proposes, after conquering, to govern, perhaps to civilize India; and which has now a fleet on the other side of the globe, opening the Chinese empire to the enterprise of the world. If capital is sunk freely on these vast distant objects in the hope of realizing returns, it will not fail when it is required to purify the air Englishmen breathe at home; for the investment will be profitable to all living men, and will confer blessings on all future generations. And if the national honour was concerned on the shores of the Black Sea, in the Baltic, on the coast of Africa, in India, in the Chinese waters, in the presence of the enemy, is not the honour of England also concerned when the lives of her children are in peril, and no arm is stretched out to save? Can our towns strike their colours to their own accumulating dirt, and avow that they are vanquished, without ignominy? England is in sanitary science and art taking the lead in Europe, and teaching important

lessons to all nations. But the work must be consummated. The mortality must be reduced. The people must be animated anew by the energies of health. And public men will find that some glory may be gained by saving life—by great sanitary works. Honour will crown those who rescue the English race from pain, sickness, and degeneracy. They will forever enjoy the satisfaction of having done their duty.—*Med. Times and Gaz.*, Aug. 7, 1858.

Injurious effects of Underground Kitchens.—Dr. F. J. Brown, in an interesting article in the *Sanitary Review* (April, 1858), remarks, "that the basement story should be used only for cellar purposes, and not be divided into kitchens. The reasons are twofold, namely: (a) the darkness and damp to a certain degree inseparable from subterraneous apartments; and (b) the exhaustion occasioned to those that occupy such kitchens by the frequent ascent and descent of stairs.

"First, as to the effects of darkness and damp on the human body. Light is requisite to the colour, firmness, strength and vigour of the body, and to the activity and cheerfulness of the mind. The more abundant the light, and the more direct that it is from the sun, the more decidedly are these good effects experienced. Light that is reflected has different properties from that which is direct. The actinic properties of sunlight are lost by reflection. Thus light that is reflected from a wall has but little value, compared with that which shines into a room direct from the broad face of heaven. The direct rays of the sun, then, are necessary to bodily and mental vigour. Those that live deprived of the sun's rays, feel a craving for stimulants such as is not experienced by those dwelling on open lands. Damp earth withdraws from the body its normal proportion of electricity, and thus occasions disorders that depend upon diminished nerve force. These are ague, neuralgia, certain forms of rheumatism, epilepsy, chorea, and asthma, with some other affections, such as dyspepsia.

"The servant girls of London exemplify remarkably well these evil effects of damp; also the injurious results of deprivation of the solar rays. Their etiolated condition, and their breathlessness, show the anemia (the impoverished state of blood) under which they suffer, and the functions peculiar to

women are carried on imperfectly, or are absolutely suspended; hence the headache, the pains in the side, the palpitation and the dropsical ankles, so frequently witnessed in this class. These circumstances are well known to the profession, and are especially familiar to those members who practise in the metropolis. Organic disease of the heart is originated by these causes in some instances.

"The unhealthiness of underground tenements is shown by the statistics of the city of Liverpool; the subterranean inhabitants being in a much worse sanitary condition than the supraterranean population.

"Thus, then, the effects of darkness are disease, and not merely delicacy of structure; and the morbid condition is aggravated by the damp that is associated with the darkness.

"(b). The next consideration is the exhaustion attendant upon the frequent ascent and descent of stairs. The necessity of answering the front door, and of ascending to the upper part of the house in the performance of domestic duties, obliges the servant to undergo much fatigue in running up and down stairs. The carrying of a burden up stairs is attended by a very much greater expenditure of strength than is the case in carrying it along a level. Girls that are breathless, owing to their anæmic condition, and oftentimes dropsical about the ankles, cannot afford the increased exertion that the circumstances necessitate; it is torture to them.

"The value of land in London causes houses to rise vertically rather than to increase in dimensions horizontally. The same reason, namely, high value of land, is slowly but surely operating on the style of building in country towns. It will inevitably, if persisted in, bring about an approximation in the death-standard between the towns of small size and the great urban populations of this country.

"It is the duty of physicians to point out the evil effects of subterranean apartments, and to impress upon the minds of builders, and upon the public generally, the injurious consequences of damp, dark kitchens, so placed that a multiplicity of stairs must be used in the performance of daily domestic duties.

"Besides these ill effects upon women, the children are apt to meet with accidental falls down the stairs, and to harass their mothers

by the watching necessary to prevent such accidents. Darkness and damp produce unfavourable effects upon growing children; and scrofula, and rickets, and consumption, and swelled bellies, are the result.

"In the name, then, of humanity, let a stop be put to this sepulture of human beings, and to this treadmill exercise of women rendered weak and blanched by their premature interment."

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Yellow Fever in Southern Cities.—Yellow fever is now prevalent to a greater or less extent in New Orleans, Charleston, Mobile, Galveston, and Savannah.

New Orleans.—The following table exhibits the progress of the yellow fever epidemic in New Orleans since its origin on the 20th of June:—

1st week, ending June 27, deaths			
from yellow fever			
2d	"	July 4	" 8
3d	"	" 11	" 9
4th	"	" 18	" 20
5th	"	" 25	" 25
6th	"	Aug. 1	" 70
7th	"	" 8	" 140
8th	"	" 15	" 286
9th	"	" 22	" 312
10th	"	" 29	" 402
11th	"	Sept. 5	" 440
12th	"	" 12	" 472
13th	"	" 19	" 474
14th	"	" 26	" 445

Charleston.—The number of deaths from yellow fever in Charleston

For the week ending Sept. 4	was 73
" " 11	" 103
" " 18	" 128
" " 26	" 88

Savannah.—Yellow fever exists to a limited extent in this city.

Ovariectomy.—We find in the *Pacific Med. and Surg. Journal* for April last the following notice of an operation of this kind:—

"In a case of ovarian dropsy of immense size (tumour weighed about sixteen pounds) the long incision (from sternum to pubis) was made by a physician of this city, and the tumour torn loose from its extensive

adhesions, and removed entire. We learn the tumour was not injured, and is still entire. The woman died the next day.

The Nashville Monthly Record of Medical and Physical Science.—Dr. D. F. WRIGHT, formerly editor of the *Memphis Medical Recorder*, and Dr. R. O. CURREY, formerly editor of the *Southern Journal of Medical and Physical Sciences*, having become members of the Shelby Medical College, Nashville, have united their journals under the title of the *Nashville Monthly Record of Medical and Physical Science*, and the first No. was issued last month. The general appearance of the No. before us, as well as its contents, are very creditable, and we wish this new candidate for professional patronage every success.

OBITUARY RECORD.—It is with profound regret that we record the death of our young friend, Dr. EDWARD MINTURN, which took place in this city on the 6th of September, from acute phthisis, in the twenty-eighth year of his age. Dr. M. was a highly educated gentleman, a conscientious and judicious practitioner, and honourable and exemplary in all his social relations. For some time he had been one of the physicians to the Philadelphia Dispensary, and had greatly endeared himself to his patients by his kindness, attention, and professional skill. He was also a zealous member of the Academy of Natural Sciences, and devoted most of his leisure time to scientific pursuits. His future was full of promise, and by his death the profession and science, equally with his family and friends, have sustained an irreparable loss.

FOREIGN INTELLIGENCE.

Death from Chloroform.—The *Northampton Herald* contains an account of a boy who died from the inhalation of chloroform sprinkled on a handkerchief. He had received an injury of the toe, and the chloroform was administered, in consequence of his excitement, to keep him quiet.

The Plague at Bengasi.—We extract the following statements from the *Gazette Médicale d'Orient*: "There is unfortunately no doubt as to the kind of epidemic which has for some time been raging at Bengasi; it is

certainly the plague. The Ottoman government received, on the 23d of July, the report of the commissioners who were sent to the spot; and this report is certainly explicit. The usual characters of the plague are thus described: High fever, wandering, prostration, vomiting, buboes, petechiæ, anthrax, the latter symptoms being less frequently met with than the former. The epidemic presents all the features of the plague, with its malignant character, its rapid course, and its spreading tendencies. The disease not only reigns at Bengazi, but has broken out in three of the four or five districts of which the province is composed. Derna, a seaport town of between 10,000 and 15,000 inhabitants, has been especially visited. Bengazi had formerly a population of 12,000 souls; at the time of the arrival of the commissioners, the inhabitants numbered barely 4000, owing to emigration and the numerous fatal cases. At least 1500 persons had been attacked since the outbreak of the disease; and 800 of these had died. At Bengazi, the disease had broken out in the course of May, and had reached its highest point of intensity towards the 20th of June, when from twenty to thirty persons died per diem. From that period, the epidemic raged with undiminished violence; and towards the middle of July, there were only eight deaths per diem, out of a population reduced to about 4000 souls. But, while the disease decreased at Bengazi, it spread to the surrounding country, especially on account of the flight of a great many inhabitants of the town who scattered themselves in the neighbouring districts. Such are the main facts which have transpired. Ample details will shortly be found in an elaborate pamphlet by the commissioners, which is said to be preparing."—*Ibid.*

Anæsthesia by Compression.—M. JACOWSKI, a practitioner of Paris, has revived the practice of compression as a means of preventing pain; and in this way several instances of entirely painless extraction of teeth have been effected. The compressor he employs consists of two pads, connected by a steel spring, very much like a hernial truss. The spring is passed behind the head, and the pads are applied either within the meatus auditorius on each side, or behind the rami of the jaw in front of the ears.—*Med Times and Gaz.*, Aug. 7, 1856.

Horse-Flesh as Food.—It is said that the practice of eating horse-flesh has of late years increased considerably in the north of Germany and Denmark. It is said that in the city of Hanover alone, in the course of Whitsun week, about 2000 lbs. of horse-flesh were consumed. The number of horses slaughtered for eating in that city is between 200 and 300 a year.—*Med. Times and Gaz.*, June 19, 1858.

Artificial Rose-Water.—M. RUDOLF WAGNER gives us a pretty little prescription for obtaining artificial rose-water. The products of the spontaneous decomposition of salicylate of potash are generally characterized by a strong perfume of roses. This salt is quickly obtained by decomposing salicylate of methylen (which can be bought under the name of *essence of gaultheria*) by caustic potash. In this manner, a mass of crystals, consisting of salicylate of potash, are precipitated, and the supernatant solution has a strong odour of roses. This liquid gives by distillation an *eau de roses* of a very fine quality, which constitutes a delicious perfume.—*Illustrated Inventor*, from *Med. Times and Gaz.*, March 13.

Quackery in France.—The Tribunal of Correctional Police of Chalon-sur-Saône was a short time since engaged in the trial of Philibert Demommerot, alias the Hermit of La Rochepot, and his associate, Lefranc, for the illegal practice of medicine. Amongst the witnesses examined was a tailor at Chalon, who stated that, by the advice of the prisoners, he had in one day poured no less than ninety-six bottles of white wine over his head for the cure of neuralgia, but that it had done him no good. M^{me}. Tarteau, another witness, said that she had consulted Demommerot for her sister, who had been cured; but as she had at the same time consulted a medical man at Chalon, she could not tell which of the two had been successful. Demommerot, who wrote the word "maidecin" at the bottom of his prescriptions, was sentenced to fifteen days' imprisonment and 300 fr. fine, and Lefranc 15 fr. fine, for exercising the profession of a medical man out of the department to which he belonged. The two men admitted having received, during one month's residence at Chalon, fees to the extent of 4772 fr.—*Ibid.*